

UTAH DIVISION OF DRINKING WATER REQUEST FOR PUBLIC INFORMATION

Information from the Division of Drinking Water (DDW) is available under the provisions of the Utah Government Records Access Management Act (GRAMA). To initiate a request for information, this form must be completed and signed. If you require DDW services to answer your request, a fee may be charged in accordance with the Utah Department of Environmental Quality's fee schedule (described below). This form must be completed even if it is anticipated that no fee will be charged for DDW services.

A.) REQUESTER INFORMATION

NAME OF REQUESTER: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DAYTIME TELEPHONE: _____ DATE: _____

E-MAIL ADDRESS: _____

B.) INFORMATION SOUGHT

In accordance with the Governmental Records Access Management Act, I am requesting:

- _____ to view public records (in person)
- _____ to copy public records
- _____ a database search (electronic output)
- _____ a database search (hard-copy output)

The information being sought is as follows:

If electronic information is sought, what file type do you prefer? (i.e. Quattro Pro, Excel, Access, WordPerfect, Word, delimited ASCII, etc.) _____

C.) INFORMATION ON FEES

The following fees will apply:

- * Copying 5 cents per copy after first 10 copies (if requestor makes copies)
 25 cents per copy after first 10 copies (if DDW staff make copies)
- * Investigation by staff engineers or scientists
 There is no charge for an investigation which takes 15 minutes or less.
 Investigations taking over 15 minutes are \$30/hr. This hourly rate goes into effect when the investigation commences.
- * Database Searches
 There is no charge for an investigation which takes 15 minutes or less.
 Investigations taking over 15 minutes are \$50/hr. This hourly rate goes into effect when the investigation commences.

D.) DISCLAIMERS

Data maintained by the Utah Division of Drinking Water come from numerous different sources. Some of the data have not been updated for many years; some data may not be complete; some data may be inaccurate. Providing this data does not imply any accuracy or completeness. Please be prepared to verify data, as needed. Utah Division of drinking Water provides no warranty nor accepts any responsibility or liability for any inaccurate or incomplete data. Note also that this data is considered to be sensitive for security purposes.

E.) STAFF ESTIMATE OF FEE AND DELIVERY DATE:

****If you make your own copies they are 5 cents each.****

Cost estimate made by: _____ (DDW staff member name)

Estimated cost: _____ (if no charge enter NC)

Anticipated delivery date: _____

F.) REQUESTER SIGNATURE

Please sign where appropriate.

* DDW staff has informed me that my request will not be subject to a fee. I have read and understand the DISCLAIMER shown above in Item D.

Signature: _____

* My request will be subject to a fee, as estimated in Item E, above. I will pay the estimated amount upon delivery of the information I requested.

Furthermore, I have read and understand the DISCLAIMER shown above in Item D.

*** Signature: _____

G.) MAILING INSTRUCTIONS:

If you need to mail this completed form to DDW, please use the following address -

GRAMA Coordinator
Utah Division of Drinking Water
P.O. Box 144830
Salt Lake City, UT 84114-4830

H.) PAYMENT INSTRUCTIONS

Payment is due upon receipt of requested documents or information.

Please make checks payable to the Utah Division of Drinking Water.

Payment can be mailed to the above address.

For Staff Use:

Staff Performing Work: _____

Information Transmitted on: _____ Transmission Method: _____

Fee Amount or N/C: _____ Date Fee Received _____

Notified requester that records are not maintained by this agency: _____

Extraordinary circumstances requires extension time to: _____

Notified requester of extension: _____

Staff Signature: _____